

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/560070

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5	1					
6		2				
7		2				
8	1					
9	1					
10		1				
11		1				
12		1				
13		3				
14		3				
15		3				
16	1					
17	1					
18	2					
19	1					
20	1					
21	2					
22						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		5	3	5		
TOTAL DEP.		17	20			
TOTAL CLAIMS						

	CLAIMS		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								